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ABSTRACT

When a woman defines herself as old is a complex phenomenon reflecting, among other variables, cultural attitudes, environmental constraints, and health status. In the later years, self-perceived age lags behind chronological age, but alters with the progressive contracting of life space, changes in health status, and decreases in perceived control. This paper summarizes an ethnographic study of women's experiences with ill health, their subjective meaning for the women, their impact on lifestyle and functioning, and their influence on age self-concept. Interviews were conducted with 11 women over age 65. Most of the women interviewed saw their age as discrepant with the way that they felt. Consistent with past research, the women referred to chronological age, mental functioning, and physical health and functioning as the bases for their perceptions of their own age. Perceptions of changes in the appearance of their bodies also affected the perceptions of the age of some of these women. Adaptive strategies used by the women in the face of these changes included activism in the pursuit and maintenance of health, conscious decisions to change priorities, and appreciation of the wisdom they gleaned from their years of experience. The ethnographic research strategy reveals the complexity of the process of changing one's age self-concept. (Author/NB)

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ILLNESS AND WOMEN'S AGING

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ILLNESS AND WOMEN'S AGING

Abstract

When a woman defines herself as old is a complex phenomenon reflecting, among other variables, cultural attitudes, environmental constraints and health status. In the later years, self-perceived age lags behind chronological age, but alters with the progressive contracting of life space, changes in health status, and decreasing perceived control. This paper summarizes evidence from previous research and reports findings from an ethnographic study of women's experiences with ill health, their subjective meaning for the women, their impact on lifestyle and functioning and their influence on age self-concept. Most of the women interviewed felt their age to be discrepant with the way that they felt. Consistent with past research, the women referred to chronological age, mental functioning and physical health and functioning as the bases for their perceptions of their own age. Perceptions of changes in the appearance of their bodies also affected the perceptions of their age of some of these women. Adaptive strategies used by the women in the face of these changes included activism in the pursuit and maintenance of health, conscious decisions to change priorities and appreciation of the wisdom they gleaned from their years of experience. The ethnographic research strategy reveals the complexity of the process of changing one's age self-concept.

ILLNESS AND WOMEN'S AGING

This paper deals with the issue of age self-concept, how people view their own age and how their views change as they move through the experiences that come with the latter stages of the life course. First, I will discuss the research evidence from the literature on age self-concept, and then report findings from an exploratory study which I have completed.

In a number of studies, gerontologists have been intrigued to find that a sizable proportion of people in their later years do not define themselves as old but rather continue to define themselves as young or middle-aged (1,2,3,4,5,6). In five studies between 1956 and 1961, when research attention was turned on this issue, there is startling consistency, with the proportions of persons 70 and over who identify themselves as middle aged ranging between 45 and 55% (7). A 1978 study by Bultena and Powers (4) found that 32% of a sample aged 70 and older considered themselves middle-aged.

It is supposed that an identification of oneself as old is resisted because it would lead to a negative self-evaluation, to a loss of self-esteem, since it implies application to oneself of what in our youth-oriented society is a negative cultural evaluation (1,2). Old age has a bad name, and older people seem to reflect this in their resistance to identifying with it, although there may be more to it than this.

In Figure 1, I have summarized both empirical findings and some theoretical assumptions about the relationship between age self-concept and other variables. One important variable associated with age self concept is social functioning, that is, statuses, roles and activities, and the relationships and interaction with other people that come with these roles. The occupation and retention of social roles--work, organizational, family, friendship--is thought to provide continuity to persons' definitions of themselves. They are doing the same things and they are in relationship to the same people. Zena Blau demonstrated that those who were employed were significantly less likely to identify themselves as old (8). Of course, it is not only the continuity in the self produced by continuing to work, it is also the fact that retirement is an event linked to aging, a rite of passage almost into old age. However, Blau also found that among those 70 and older, those who were members of a friendship clique were significantly less likely to consider themselves old. These data and others (2,7,9,10,11) support a theoretical assumption that in their perceptions of themselves, the self confirmation they get from seeing their participation in activities, and the confirmation they get from other people, older people with continued engagement in social roles tend to retain a "not-old" self-concept.

Instrumental of course to being able to continue to play social roles and participate in activities, is the level of physical

health and physical functioning. Physical health has been found to be a significant predictor of self-perceived age, and the worsening of health, a significant predictor of changes in how old people consider themselves (4,12). In terms of age self-concept, physical health might have a direct relationship in being used as a reference by people in judging their own age; it might also have an indirect relationship through the crimp that poor health puts in social functioning. In other words, I might see that now I have one or more chronic diseases, and therefore feel much older, or I might feel older when these diseases interfere with my physical functioning and mean that I must curtail my work, my club memberships and my cherished physical activities. It is an empirical question whether it is the symbolic meaning of disease or actual functional impairment that plays the more significant role in influencing age self-concept.

I will share with you some findings that suggest that it can be either or both. A woman gave me the following account. This woman had suffered a period of a seizure disorder, from which she had since recovered.

> So I feel I assume because I'm getting older, I have to learn to accept things, to live a different way and it's difficult for me because I'm used to being extremely active. I used to feel like a silly girl of 16, I used to jump around and do things that older people won't do because I never thought of my age. Hear what I mean? I never thought how old I am, I always thought of what I could do now, who's worried how old I am. But now that I haven't been well, I can't do a lot of things that I done before, then I have to accept my age. It's difficult.

This was a woman who also said that "I used to think that age is just a state of mind." What we hear in this description is a change in how this woman thinks about her age. This woman says very clearly that functional limitations are forcing her to think about her age, which used simply to be out of her consciousness, she didn't have to think about it.

Another set of findings that suggests that not just changes in functioning, but the symbolic import of health problems or health events have an impact on the consciousness of age, on age self concept, comes from some research carried out by Mezey (13). She questioned older men undergoing elective surgery before the surgery and six weeks following it; in the interview, the men were asked about how they perceived their health and how they perceived their age. Each of the surgical procedures, hernia repair and transurethral resection of the prostate, was a procedure which would result in an improvement in the physical condition and in the case of the prostate surgery, in functioning. The men therefore would be functionally better than before the surgery. Despite this fact, they tended to perceive themselves as older and in poorer health, six weeks following the surgery. Now, of course, it may be the difficulties of the recuperative period that produced a temporary change, but the suggestion is that health events have meanings over and beyond the changes they produce in actual physical functioning.

Another link between sickness and alterations in age self-concept may be the changes that an illness provokes in the perceptions by other people of the sick older person and changes in the way they behave toward that person. One thing that older people may experience in the hospital, for example, is being treated as if they were old, for here they are sick and stripped temporarily of their other social roles. All that the hospital staff may be able to see is Mrs. X., myocardial infarct, aged 68 or 70 or 72, whom they label and treat as elderly, never realizing that Mrs. X. has been thinking of herself as middle-aged based on her bi-weekly tennis games, political activity and club presidency.

It is clear then that the pathways between physical health and age self-concept are many and complex. People in poor health may think of themselves as older because their functioning is impaired, because experiencing health problems, even without impairment in functioning, has symbolic connotation and makes them think about their age, or because of changes in behavior toward them of other people.

Returning to Figure 1, a third concept relating to age self concept is psychological functioning. Some of the ways this has been conceptualized and measured are in terms of : morale (14); self-esteem (1,15); "adjustment" (2); and a more recent and more comprehensive multivariate analysis by Linn and Hunter included

measures of self-esteem, life satisfaction, psychoneurotic symptoms, intelligence and locus of control (16). The results are conflicting.

Ward, for example, found no relationship between age self-concept and self-esteem (1); Linn and Hunter did, though the relationship disappeared when disability and impairment were controlled (16). Phillips found adjustment, as indicated by fantasy behavior, rigidity in behavior and two measures of morale, significantly related to age self-concept, with those identifying themselves as old showing poorer adjustment (2).

Some of the most provocative findings in this area are reported by Linn and Hunter, who found that locus of control best discriminated between those who perceived themselves as old and those who did not. In a multivariate analysis, only locus of control was significantly related to age self-concept when all covariates were controlled; in other words, for those of equal degrees fo disability and impairment, those with an internal locus of control were more likely to identify themselves as younger (16).

Causal directions have been assumed in some of this research and only Mutran and Burke have attempted to differentiate between causes and effects through path analysis that relates social roles, physical health, antecedent variables such as age and education, and psychological variables, such as loneliness and

dissatisfaction, with age self-concept (17).

Chronological age of course shows a relationship to age self-concept (5,12,18), though whether because it simply grows harder to deny one's age, or because increasing years bring increasing illness and physical impairment, has not been shown.

In general, it is important to consider the multiple paths and two-way, interactive relationships among these variables. Health impacts both on social functioning and on psychological functioning, and these in turn have some influence on physical health. Age self-concept, then, may have some indirect impact on physical health, in that "thinking young" and maintaining activities help to maintain physical health. Similarly, age self-concept is not only influenced by social participation, it also influences social participation, acting, as it were, as a sort of self-fulfilling prophecy..."because I am "not old" or am "middle-aged", I can go out to dance, run for office, join a club, etc. In other words, the expectations that the person lays out for herself that follow from her definition of her age-group serve to encourage more of those behaviors. The cliche, "you're only as old as you feel," tacitly suggests, perhaps, that your behavior will follow from how old you feel. So not only are causal links difficult to establish, but also, if we think about what we know about these variables, it is likely that they are multiple and interactive.

The findings about the relationship between gender and age self-concept are conflicting. Women have been found to define themselves as old at earlier ages (12), at later ages (1,16) or at the same ages as men (4). There has been speculation that because cultural attitudes discount women's sexuality at younger ages, and depict older women in especially negative imagery, that women will be more resistant to a self-definition as old, and tend to view themselves as middle-aged. However cultural attitudes are also thought to define women as older at younger ages, and women should also therefore accept an aged self-concept earlier than men. Clearly more research is needed to understand which characteristics of women are associated with the differing timing for differing groups of women in when they begin to view themselves as old.

Ascribed and achieved statuses such as class (10,19), education (12,20) and minority status (12) are all found to have their impact on age self-concept. In general, those with less education, lower social class and minority group membership tend to perceive themselves as older at younger ages. This may be the result of different subcultural beliefs about aging, it may reflect real differences in health associated with each of these statuses, or there may be other pathways through different opportunities for social participation.

This is an important point. There have to be opportunities for

older people to continue to play meaningful social roles. The opportunity structure then may be one constraint on the social activity and social engagement of the person, and constricted opportunities may be related to an older self-concept. The shared beliefs and sterotypes of the community, the larger social group and the larger culture about the aged are factors which go into shaping the opportunity structure. Another way the culture impacts on the psychological functioning of the older person is through the media; the cultural attitudes reflected in television, movies and magazines may also impinge on the older person's self esteem.

How people define and describe their own age is also shaped by preconceived and evolving ideas that they have about old age. There are cultural definitions, culturally shared ideas about when old age begins (21,22,23) and what its distinguishing characteristics are (24,25,26), as well as cultural norms prescribing what is appropriate behavior for a particular age group (19,27), how people in that age group can "act their age", all of which are internalized by the individual in the form of a personal model of aging.

Some research has investigated the markers by which people distinguish being old from other life stages. In surveys, people have beeen asked the question "when is a person old?" Markers frequently used have been indicators of physical and mental

decline, and loss of interest in living (21). Many people, however, use chronological markers, that is particular ages, as cutting points between age categories. In the Harris survey of a nationwide sample of adults of all ages, 52% of respondents referred to chronological age as the indicator of when a perso is old, while 37% referred to personal or situational factors such as retirement, widowhood or failing health (23). However, the closer one gets to old age, the less one relies on so arbitrary a marker: In one study only 51% of older subjects used a chronological indicator, while 100% of undergraduates and 97% of middle aged subjects did (21). Other indicators of the meanings of age are probed by Guptill using a semantic differential methodology. The concepts that distinguished middle age from old age were several aspects which were grouped under the rubric of involvement--busyness and the involvement in groups and activities (7).

More or less, people apply these same or similar markers to themselves as they project for other people in general. Although most attribution processes when applied to the self are somewhat altered (28), the way that people define their own age will still follow to some extent from the model of aging they have formed based on cultural definitions, as well as on their own individual observations of other people. Indication of the process by which people come to define themselves as old, and of the characteristics they use to define themselves comes from a sample

interviewed once when they were aged 60 and older and reinterviewed 10 years later. In this study, subjects were asked why they now considered themselves old, when they had not done so 10 years earlier. They attributed this change to disruptions in their lives, particularly the loss of health or diminished mobility, similar qualities identified in studies in which people were asked about old age in general. Those who still felt they were not old referred to attributes such as continued good health, self-sufficiency and high activity levels (4).

The Current Study

For a number of years I have been working, with my collaborator, Mathy Mezey, on research about psychological sequellae of changes in health (13,29,30). We have questioned how health events can result in a person's redefinition of his or her age, a redefinition we believe has its own consequences for behavior. For us as teachers and researchers in clinical fields, the interest stems, at least in part, from a concern that unnecessary hastening of the aging process be prevented.

I began the small project I am going to describe to you because I wanted to understand more directly how women in their later years actually experience changes in their health, how health changes impact on their functioning, way of life, and how th view themselves. In particular, I wanted to explore how changes in health might result in changes in age-self concept and the

process by which this might occur.

I have done eleven interviews of women over 65, lasting from one to two hours, tape recorded and transcribed. The women I talked to were all white and and most were well educated, a sample so narrow justified only by the preliminary and exploratory nature of this study. Two women were in their 80's, three in their early 70's, five were in their middle or late 60's and one was 63. The interviews ranged rather broadly so that I might get a fuller picture of lifestyle and background and general functioning, but also so that discussions about aging might emerge naturally rather than being directly probed for. The main questions asked however were about recent changes in health and their impact, and about how these women viewed their aging. The themes that I will discuss that emerged from these interviews are the reactions to illness, the women's descriptions of their age and the markers of aging they referred to.

The women were suffering from the usual complaints of the later years: arthritis, hypertension and heart disease, circulation problems, cancer and the surveillance for, or symptoms that might be, cancer. I had expected to hear, as women talked about their ailments, some signs that their health problems had impacted on the way they viewed their age. What I heard was in fact much more varied, complex and interesting

One of the most interesting phenomena observed, in response to

the onset of illness, was a kind of struggle to integrate or to reconcile the idea of the illness with the person's self. They had to answer the question, what does this mean for who I am. One woman of 67 who had had a first heart attack described it this way:

> But it took me a while to collect my image of myself. Was I an invalid or was I really a badly injured person in some ways or was I o.k. Some people I talked to made light of it, other people were very longfaced about it and I really didn't know how to think of myself.

Another woman, who was 65, a hiker and a four-times a week tennis player, was dealing with an acute onset of arthritis of the hips. Her account revealed an expectation that the changes in her health would be temporary, resistance to accepting that she would be a changed person, a sense of dissonance between her ailment and her view of herself.

> Now the xrays show a lots of arthritis in this one year in both hips. A big change. And the reason I think this is sort of temporary is that I'm not old. And this hip is better, the one that was bad last year.

She was deducing from the improvement of one hip the transitoriness of this severe phase; but she also argued from the fact that <u>she wasn't old</u> and therefore her body couldn't act so old as to have disabling arthritis. She also said

> I sound like a walking falling apart person...I don't feel my spirit is falling apart, but I am a little surprised to have sort of three major aging diseases when I've been so active and sort of, you know, young in outlook...

She didn't think of herself differently, she said, "because I have't quite given up the fact that I can't quite play tennis and can't walk again." She was quite optimistic that she would regain some if not most of her previous functioning.

Only one woman of 82 reported that the onset of illness--she suffered quite extremely from a form of lupus--resulted in her redefinition of herself as old. She was reporting this quite a number of years later, so we don't know how long the process of redefinition took or how much dissonance she had struggled with. When I asked her when she had begun to define herself as old, she said,

> I guess when this thing hit. I admit it's age...Up until then I was perfectly well, perfectly independent.

What the illness changed was that

> I couldn't go out as I have gone out. I couldn't go to the movies, to the theater. I couldn't be independent. If I dropped something, I couldn't find it.

Another response to a siege of illness, even a relatively mild and contained one as a bout of the flu, was an increased attention to what the future might hold. The illness reminded them of future changes they might face.

> It gave me a lot of concern about how I would handle taking care of myself, plus I have a dog...I had a lot of anxiety about my illness, what if I got <u>really</u> sick....it just triggered all those thoughts about how long can I be self sustaining in a self sufficient way.

The same woman had a family history of breast cancer, and had had one episode in which there was a suspected diagnosis; she now had annual mammography. She said

> It always stirs up, every year, that whole episode stirred up and ever since it stirs up a lot of long throughts about myself and how would I handle a protracted illness or god forbid a catastrophic illness...I think a lot about who would care for me and I think well when the chips are down ultimately who is going to be my primary support person...

While the health event leaves no lasting physical changes, it raises new questions for the person that linger on.

Not infrequently, something on the order of a "spectre" arises in connection with a diagnosis. The woman who had the heart attack was afraid.

> Immediately after the first one I was very wary and I don't know that I even let myself call it being afraid, but in a way that was it. I was afraid to even make any sudden move. I was afraid I'd fall over dead.

Similarly, another woman reported about her arthritis:

> I was practically bedfast with that thing. In the first place I was scared to death, if I can't walk, if I can't get around, I'll have to go in a doggone old nursing home. I don't want to go in a nursing home. And I was scared.

Another woman learned she had osteoporosis,

> which I guess I find more threatening (than the arthritis she also suffered). The fact that you might shrink into one of those little people is more threatening to your vanity if nothing else and also we know it can be very disabling...that it can be more confining.

Each of these diagnoses implied a future course or possible peril.

Another sort of response to illness was a sort of heightened activism in the management of and the prevention of illness. The woman who had suffered a myocardial infarction (MI) described a lengthy process of investigation of what she needed to change in her diet, activity and management of both hypertension and stress in order to know how best to prevent recurrent attacks. She said:

> it is one of the features of this particular kind of disease. That it is life threatening. But so are a lot of other things that you can have <u>even less</u> control over. And I guess I like the feeling that I have <u>some control and that's what I'm struggling for</u>.

Another woman could not change some of the most stressful aspects of her life but had actively pursued treatment for osteoporosis and for carpal tunnel syndrome, and now for an acute bout of arthritis, but said:

> it's just a matter of coping and then running around to try to get the best medical help you can...I'm not sure that rating from 0 to 10 of things that have happened in my life that this has as much of an emotional impact (as some of her other circumstances). And I suppose also because I really think or at least I sort of think I can do something about it.

As generally well educated women, most of these women had been active in their care of themselves and in their use of health care, and were women with a strong internal locus of control. What was striking about the first woman, with the MI, was the

very heightened sense of taking charge she described. In both cases, what is interesting is their emphasis on the controllable aspects of their diseases.

For most women, their illness didn't simply make them feel old, it raised other questions about who they were going to be and what kinds of needs and other changes might be created by further illness and impairment. The sense of dissonance between her view of herself and the arthritis that was afflicting her described by one woman was a common theme as these women talked about their age.

It followed then that despite health problems, many described a youthful self image, when asked how they described their age or stage of life.

> I think of myself as young and I'm sort of surprised I'm 65.
>
> I'm in late youth, one woman replied jokingly. Later she said, well, really truly I feel like a late middle age, I guess. (67).
>
> I don't think of myself as old, I think of myself as middle aged and this is a joke that I have with my other friends....I don't feel 68.
>
> In my mind I'm sixteen. (69).
>
> I say that I'm getting older now. (66).

Others described an image of themselves as old. One woman said of her seventieth birthday:

> I could no longer kid myself that I wasn't a really elderly woman. (age 70)

I'm entering old age. (age 68)

I'm getting to call myself old...Within the last year or two I feel I am getting older. (age 83)

I think of myself as an old woman. (age 82)

An interesting feature of these discussions of age was that when asked a direct question about how they viewed themselves, so many of these women described themselves as middle aged or younger, and fended off a view of themselves as old. Unobtrusively, however, there slipped into their conversations with me the evidence of other views of themselves--often based on their sense of how others might view them:

And I wondered about when I start teaching the sexuality course, again, was it appropriate to be a little old lady doing that...

All they'd need in England or Ireland or France (if she were to travel) would be to see a great big old fat blind crippled woman, hobbling along the street...

Instead of having this picture of myself which I've had most of my life as an iron constitution, very healthy, could go all over the world to strange places and eat all the stuff, now here I am this little old lady who's got all these terible things in her intestines.

I hear myself saying to these doctors I'm awfully young to have this. You know for a doctor who is 40 or 50, looks at you as though you are crazy. But I've found myself saying that I'm awfully young to have arthritis...

What markers of aging did these women refer to in describing their own age. Most interesting are the markers they referred to as evidence that they were not old or as explanations for why

they did not feel old. Physical activity was certainly a prominent delineator.

> I don't know how I should feel at 68, but I know how I do feel. I don't feel that my life has changed as far as enjoying activities that we've always enjoyed.
>
> My walk and my demeanor I think is not particularly aged looking.....If there's one thing about me it is that I have a purposeful stride, let's say.
>
> I expect I am getting older. Now this business of aging is certainly...I'm not saying it isn't taking its toll but I can walk five miles.

A second source of evidence for them that they were not old was their thinking and attitudes, or more simply, their unimpaired cognitive functioning.

> In my mind I'm sixteen. My mind is still alert...
>
> In terms of my thinking I feel not nearly as old as some much younger people and they have brown spots on their thinking at amazingly young ages.
>
> Some people are old at 50...not white or gray hair, which are quite lovely...an attitude, but that really has more to do with personality differences more than aging...

What we are hearing as well are comparisons with people of fewer years than themselves--I'm younger in my thinking than are these younger people.

But while these characteristics might persuade them that they are not yet old, other markers argued the other way. The very number of years was something that when it did not persuade them they were old still had to be argued against.

Only one woman actually used a chronological marker, considering herself old at 65 and really elderly at 70, despite immense vigor, good health and a staggering range of activities, but others revealed their consciousness of the meaning of their years.

> I'm entering old age. I will be. I will be 64. The national average of death is what, 74 point something...
>
> You see when you finally cross some threshold that may be chronological but it's certainly an inner one where you say well I am old, I mean I know I'm young old but then you don't feel like you're getting old.

Only the first of these three women seemed really convinced by her years that she was old. The sense of discrepancy between years and self was expressed by most. This was implied when one woman said "I don't feel 68." 68 means someone or something older to her than she feels.

Others said:

> I'm surprised I'm 65.
>
> I find it very hard to believe that I'm going to be 71.
>
> I like to shock people telling them I'm 83. I'm quite proud cause they think I'm younger, frankly.

That their chronological age meant something is clearly implied by their sense of discrepancy of their real selves and their years. Implied in these statements are models of what someone their age <u>should</u> be like, models which they clearly didn't match

in their own eyes.

More convincing than the number of years was the evidence of the changes in their bodies....

> When I take a shower or something I look and see myself in the mirror and I think, yes, you're really ugly aren't you. Well, what do you expect at 70. I don't like the fact that the chin is sagging and all the muscles are sort of flabby...
>
> I look at my body now. I feel definitely more than middled aged. I've been slower than some to develop some of those signs. The veins in the legs and the funny flabby skin and all that kind of stuff, brown marks on the side of my face. When I look at some of those things I feel quite old. Not very old, but old.

Even these women who did not consider themselves old wavered in this view when confronting the physical evidence of their own bodies. Except for the one woman who used the arbitrary 65 as the beginning of old age, those who did consider themselves old referred to real and irreversible impairments, for example the woman with lupus who could no longer go out and be independent. But these two women were also advanced in chronological years. One said:

> I'm getting to call myself old because I get tired easily. within the last year or two I feel I am getting older...my memory is bad

Other evidence offered was about changes in pace.

> What really has bothered me..is that I've been very active in organizations and things and now I'd just as soon not have responsibility because I get tired.

But others as well, who were younger, referred to changes in

pace, more as a matter of conscious choice, citing a change in priorities...

> I think you do by this age, you move out of thinking of a career ladder and what your next job is going to be and you're thinking more of the meaning of life, you know, your spiritual growth. It does seem to be an important thing to deal with your life and your mortality in that way.

Another responded when asked how she knew she was getting older,

> knowing I am going to go at a slower pace...there's no reason to keep pressing or keep pushing or keep taking on...I believe that I am experiencing getting older, it's not a lack of zest or vitality or interest, it's just a matter of pace...

All of the women had some physical impairments and some activities they had valued of which they were no longer capable. With a larger sample it might be possible to begin to delineate what kinds and degrees of physical impairment lead to a changed identity; or whether it is more a case of physical impairments in conjunction with the irrefutable years that make people feel old.

We can hear that these women are using as reference points many of the variables described in prior research: chronological age, functional impairment above certain levels, models of what "old" is. What I have hoped to suggest is that the process of changing one's age self-concept is extremely complex, responsive to a variety of cues, that the models of aging by which people chart their own may be quite fluid, and that women may for a long

period retain discrepant views of themselves, feeling old only when they look into a mirror, are overwhelmed by losses, or laid low by illness, but otherwise retaining their younger self-concept. It is my hope that by using qualitative methods, it will be possible to understand more about the process by which women's concepts of their age change, about how they manage cognitively and affectively the changes in their bodies and in their life circumstances and about ways that women can be helped to view themselves positively, however they define their age.

Perhaps when old age is valued more by others, more women will embrace age rather than resisting it, like one recently retired woman, who had embarked on a new quasi-career in gerontology, but also cherished having more time for reflection. She said:

> So I see myself, I do see myself as beautiful and attractive and aging well and at the zenith, maybe not the zenith, but still, but really coming in to some of my strengths. When people tell me that I have wisdom, I thank them very much but inside I think, well, yes I do.

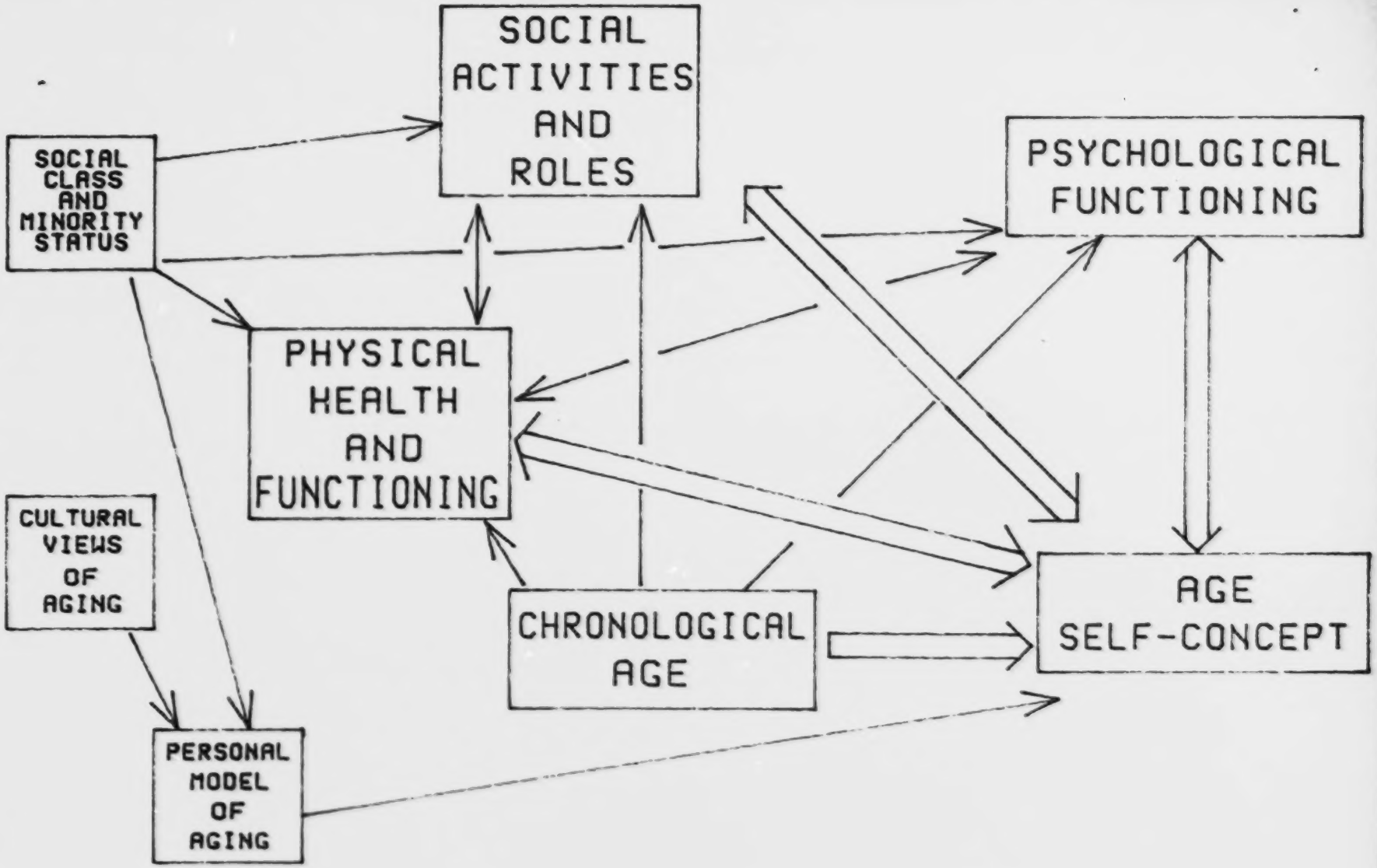

FIGURE 1. VARIABLES ASSOCIATED WITH AGE SELF-CONCEPT

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